Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: JEFFREY REUBEN, MD 4126 SOUTHWEST FREEWAY, SUITE 700 HOUSTON, TX 77027	MFDR Tracking #: M4-09-8208-01 DWC Claim #: Injured Employee:
Respondent Name and Box #: INDEMNITY INSURANCE CO OF NORTH Box #: 15	Date of Injury: Employer Name: Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary: ""I wish to submit an MDR for the above captioned claim. The Carrier has only reimbursed code 62310. The primary procedure was 64479. These codes are distinct according to the CCI and should therefore have been paid. I have many examples of other carriers who have paid for these codes. Also, the observational code 99220-57 should have been paid."

Principal Documentation:

1. DWC 60 Package
2. Medical Bill(s)
3. EOB(s)
4. Medical Records
5. Total Amount Sought - $892.96

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: The Carrier did not submit a position statement.

Principal Documentation:

1. No Response Package Was Submitted

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
7/8/08	64479	N/A	$409.63	$0.00
7/8/08	72275-51	N/A	$160.78	$0.00
7/8/08	76000-51	N/A	$122.52	$0.00
7/8/08	99220-57	N/A	$200.03	$0.00
			Total Due:	$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Tex. Lab. Code Ann. §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Tex. Admin. Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.

3. 28 Tex. Admin. Code §134.203 sets out the fee guidelines for the reimbursement of workers' compensation specific codes, services and programs provided after March 1, 2008 and applies to the services in this dispute.
4. The services in dispute were reduced/denied by the Respondent with the following reason codes:

Explanation of benefits 8/26/2008

- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. (509-001) Correct coding initiative bundle guidelines indicate this code is a mutually exclusive code, considered included in another code on the same day as code 62310.
- (509) – Correct coding initiative bundle guidelines indicate this code is a comprehensive component of another code on the same d……
- 150 – Payer deems the information submitted does not support this level of service. (900-930) CV: This charge was reviewed through the clinical validation program.
- (850-204) CV: Medical documentation provided does not support the service (or level of service) billed $0.00.
- W1- Workers compensation state fee schedule adjustment. (850-107) CV: Initial allowance recommended in accordance with the state fee schedule guidelines. $189.85.

Explanation of benefits dated 3/5/2009

- (900-068) – CV: Additional reconsideration of this bill and submitted documentation does not support additional payment.

Issues

1. Did the Requestor submit the medical bill for the services in dispute in accordance with the National Correct Coding Initiative (hereinafter NCCI) edits?
2. Does the medical documentation provided support the services billed under CPT code 99220-57?
3. Is the Requestor entitled to reimbursement?

Findings

1. Pursuant to Rule 134.203(a)(5) "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare. Medicare requires services to be billed with current CPT codes and services are reimbursed in accordance with NCCI edits.

2. The submitted bill shows the Requestor billed CPT codes:

- 64479 Injection, anesthetic agent and/or steroid, transforaminal epidural:cervical or thoracic, single level,
- 72275-51 Epidurography, radiological supervision and interpretation; multiple procedure modifier appended,
- 62310-51 Injection, single (not via indwelling catheter), not including neuolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic; multiple procedure modifier appended,
- 76000-51 Fluoroscopy (separate procedure) , up to 1 hour physician time; multiple procedure modifier appended.
- 99220-57 Hospital observation service, initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination and a medical decision making of high complexity. Usually, the problem(s) requiring admission to "observation status" are of high severity; decision for surgery modifier appended; decision for surgery modifier appended.

3. The Carrier paid for CPT 62310-51. NCCI edits support that CPT 64479 is a mutually exclusive procedure of CPT 62310-51. Although the use of an appropriate modifier is allowed per the NCCI edits, no documentation was found to support that the Requestor appended an appropriate modifier. Consequently, this service is not separately payable.

4. The NCCI edits also support that CPT codes 72275-51 and 76000-51 are component procedures of CPT 64479. The use of an appropriate modifier is allowed per NCCI edits for both these services. The Requestor's billing does not support an appropriate modifier. Consequently, this service is not separately payable.

5. The Carrier denied CPT 99220-57 for lack of documentation. According to Medicare billing and payment policies, the problem(s) requiring admission to "observation status" are typically of high severity so documentation must support that the three key components are appropriately documented. No documentation was found to indicate that the service performed meets the documentation requirements for billing 99220-57.

Conclusion

For the reasons stated above, the division finds that the Requestor has failed to establish that additional reimbursement is due. As a result, the amount ordered is $0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031 and §413.019 (if applicable), the Division has determined that the requestor is entitled to $0.00 reimbursement for the services involved in this dispute.

		4/12/2010
Authorized Signature	Medical Fee Dispute Resolution Officer	Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.